No. 300
10-48

FILED FEB 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3368

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6118 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL SYLVANIA TWNSHP
c. LENGTH OF STAY (In this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. F. D. #1 ORAN, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SCOTT
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL SYLVANIA TWNSHP
d. STREET ADDRESS (If rural, give location): R. F. D. #1 ORAN

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3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) MILTON c. (Last) GATELEY

4. DATE OF DEATH: (Month) JAN. (Day) 25 (Year) 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 18 1889
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: BUILDING TRADE
11. BIRTHPLACE (State or foreign country): TENNESSEE
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: ATCHERSON GATELEY
13b. MOTHER'S MAIDEN NAME: DIZA JANE CAMP
14. NAME OF HUSBAND OR WIFE: KATIE GATELEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-05-8999
17. INFORMANT'S SIGNATURE OR NAME: KATIE GATELEY ADDRESS: ORAN, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: ± 2 min.

ANTECEDENT CAUSES — Found dead in car after backing out of garage.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:15 A.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thelma C. Buckthorpe, M.D. Health Officer
23b. ADDRESS: Benton, Mo
23c. DATE SIGNED: 1-28-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JAN. 27 1957
24c. NAME OF CEMETERY OR CREMATORY: FRIEND
24d. LOCATION (City, town, or county): ORAN (State): MO.

DATE REC'D BY LOCAL REG.: 2-6-57
REGISTRAR'S SIGNATURE: Mrs Fred Bryningly
25. FUNERAL DIRECTOR'S SIGNATURE: Earl L. Smith
ADDRESS: ORAN, MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

445
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DATE RECEIVED FEB 11 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 257-33

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Earl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 3476

P. O. Address Oran, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.